MEDLINE Retrieval: Grateful Med, PaperChase and Physicians' Online

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The Ruth Lilly Medical Library at the Indiana University School of Medicine in Indianapolis has had the opportunity to use and provide several MEDLINE interfaces including Grateful Med, PaperChase, and Physicians' Online. Users of these services report that they often get differing results, depending on the system used. Besides obvious differences of currency and coverage dates, why do such discrepancies exist? Different indexing methods, including the use of mapping, textword field sources, number and selection of fields, stopwords, use of MeSH, and field and operator (Boolean and positional) defaults are among the most crucial factors affecting retrieval. This paper reports on these differences among the three systems.

GRATEFUL MED

Grateful Med (GM) provides access to over 40 databases, some of which are unique to the National Library of Medicine (NLM). Implemented in 1986, it is updated weekly, accessible via the Internet or modem, works on both PC and Mac platforms, and runs under Windows. It includes a document delivery component, Loansome Doc, and is available on a pay-as-you-go as well as on a fixed-fee basis. Search formulation is done offline, the search engine searches the users' entry terms both as textwords and MeSH terms, performs the search, and downloads the results for immediate or later perusal.

PAPERCHASE

Publicly available since 1984, PaperChase (PC) began with only MEDLINE and Health Planning and Adminstration (HEALTH), but has since added several databases including CINAHL, the nursing and allied health database. PC is intuitive: the user is prompted with "Look for:" and need only type in search terms. The user is then prompted for another search term or presses Enter for other options, such as combining sets, printing, or exiting. It is foolproof and yields consistently reliable results because it suggests MeSH headings as alternative strategies. However, the search default is puzzling: unless otherwise user-specified, every entry terms is searched on all databases including MEDLINE back to 1966, HEALTH, CANCERLIT, and AIDSLINE.

This is not necessarily appropriate. Document delivery is available via a single keystroke while still online.

PHYSICIANS' ONLINE

Physicians' Online (POL) provides access at no charge to 8 databases, including QMR, Physicians GenRx, GenRx Drug Interactions, and Prescribing Decision Support Module in addition to MEDLINE. This service is provided at no charge to physicians "through the support of managed care organizations, professional societies and pharmaceutical companies" (Quick Reference Manual, p.3). The trade-off is a lenghthy registration (about 20 minutes) which requires your DEA # and your mother's maiden name and an ever-present and, at times, annoying pharmaceutical advertisement at the bottom of the screen. The ads vary from the bland to the outrageous. POL plans to offer other sevices which will be fee-based: "global E-mail, forums on issues such as AIDS and health care reform, full-text professional journals and textbooks, and interactive CME programs" (p. 3). Both Macintosh and Windows versions are currently available. DOS is upcoming. POL is updated weekly. How it searches remains invisible to the user because no strategy is displayed during or after searching. Indexing or mapping is difficult to determine. Not intended for comprehensive searching, it may be hit or miss. Its ranking algorithm retrieves some irrelevant results. The default is the Easy search mode, the 1994-present segment, and the Medium format which includes the abstract. Reminiscent of an earlier attempt to meet physicians' information needs, AMANET, with a twist: service to physicians at no cost. It is apparently successful, claiming over 85,000 subscribers since its inception in February 1994.

CONCLUSION

The three systems provide access to MEDLINE in addition to other valuable databases. The question is whether the database mix matches your particular needs and whether it provides hassle-free, expedient access to timely information. The key questions are accessibility, ease-of-use, timeliness, scope, and database coverage.